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MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## BUREAU OF VITAL STATISTICS

## ARIZONA STATE BOARD OF HEALTH

## STANDARD CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County MaricopaState Ariz.State File No. 188District or Township Phoenix

or Village

Registered No. 458City PhoenixNo. Good Samaritan Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Ray Allen Harless

(a) Residence, No. \_\_\_\_\_

(Usual place of abode)

St., \_\_\_\_\_

Ward \_\_\_\_\_

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U. S. if of foreign birth?

yrs.

mos.

da.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.4. COLOR or RACE White5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day and year) Jan 20 1931

## 7. AGE

Years \_\_\_\_\_

Months 2Days 19

IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work \_\_\_\_\_

(b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_

(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (city or town) Phoenix(State or country) Ariz.10. NAME OF FATHER W. H. Harless11. BIRTHPLACE OF FATHER Phoenix(State or country) Ariz.12. MAIDEN NAME OF MOTHER Theresa Allen13. BIRTHPLACE OF MOTHER Mesa(State or country) Ariz.14. Informant W. H. Harless(Address) Mesa15. Filed 4-2719 31

3 22669

Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 9 1931

Month

Day

Year

17. I HEREBY CERTIFY, That I attended deceased from April 6<sup>th</sup> 1931 to April 9<sup>th</sup> 1931, that I last saw him alive on April 9<sup>th</sup> 1931, and that death occurred, on the date stated above, at 10 30 a.m. The CAUSE OF DEATH\* was as follows: Pneumonia

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

CONTRIBUTORY (Secondary) Stasis of pylorus

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

## 18. Where was disease contracted If not at place of death? \_\_\_\_\_

Did an operation precede death? No Date of 4-4-31Was there an autopsy? NoWhat test confirmed diagnosis? Physical findings(Signed) D. D. Smith

19

(Address)

M. D.

\* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL MesaDATE OF BURIAL April 10-3120. UNDERTAKER Wm. L. GibbonsADDRESS Mesa Ariz